MAR 1 6 2007



Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
http://www.vrtx.com

FAX TRANSMISSION

То	USPTO
Examiner	Michael P. Barker
Group Art Unit	1626
From	Michael C. Badia
Date	March 16, 2007
Application No.	10/749,121
Attorney Docket No.	VPI/02-05
Total Pages	16

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-7517 immediately.

MAR 1 6 2007

Attorney Docket No.: VPI/02-05 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/749,121

Confirmation No.:

3285

Filing Date:

December 30, 2003

Examiner:

Michael P. Barke-

Group Art Unit:

1626

Applicants:

Jeffrey O. Saunders

For:

SULFHYDANTOINS AS PHOSPHATE ISOSTERS

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on March 16, 2007.

March 16, 2007

Cambridge, Massachusetts

Mail Stop Amendments Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] an Amendment and Reply to Office Action; [] a Petition for Extension of Time; [] a Declaration; [] a Power of Attorney; [] a copy of a Notice to File Missing Parts; [] a Response to Notice to File Missing Parts; [] a Supplemental Declaration; [] an Associate Power of Attorney; [] a substitute Specification; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

MAR 1 6 2007

Applicants:

Jeffrey O. Saunders et al.

Application No.:

10/749,121

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUS PAID FOR	SLY	PRESENT EXTRA	RATE		ADDITIO FEES	NAL	,	
тота	L CLAIMS		* =	х	\$ 50	=	\$	0		
INDER CLAIN	PENDENT MS	-	** ==	х	\$200	=	\$	0		
	PRESENTATION O				\$360	==	\$			
*	If less than 20, insert 20. * If less than 3, insert 3.		TOTAL			<u>\$0</u>				

- [] A check in the amount of \$__ in payment of the filing fee is transmitted herewith.
- Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

RECEIVED CENTRAL FAX CENTER

Ø 004/016

MAR 1 6 2007

Applicants: Jeffrey O. Saunders et al. Application No.: 10/749,121 **EXTENSION FEE** [] The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a). [] A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith. Please charge the extension fee in the amount of.[] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith. [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith. **MISCELLANEOUS FEES**

Respectfully submitted,

(37 C.F.R. §).

Please charge \$_____ to Deposit Account No. 50-0725 in payment of the

M chael C. Badia, Reg. No. 51,424

Agent for Applicants

c/o Vertex Pharmaceuticals Incorporated

130 Waverly Street

Cambridge, Massachusetts 02139

Tel: (617) 444-6467 Fax: (617) 444-6483

MAR 1 6 2007

Attorney Docket No.: VPI/02-05 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/749,121

Confirmation No.:

3285

Filing Date:

December 30, 2003

Examiner:

Michael P. Barke

Group Art Unit:

1626

Applicants:

Jeffrey O. Saunders

For:

SULFHYDANTOINS AS PHOSPHATE ISOSTERS

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on March 16, 2007.

March 16, 2007 Cambridge, Massachusetts

Mail Stop Amendments Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] an Amendment and Reply to Office Action; [] a Petition for Extension of Time; [] a Declaration; [] a Power of Attorney; [] a copy of a Notice to File Missing Parts; [] a Response to Notice to File Missing Parts; [] a Supplemental Declaration; [] an Associate Power of Attorney; [] a substitute Specification; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] Petition for Revival; to be filed in the above-identified patent application.

Applicants:

Jeffrey O. Saunders et al.

Application No.:

10/749,121

FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	R A	LAIMS EMAINING FTER MENDMENT	HIGHEST NUMBER PREVIOUS PAID FOR	SLY EX	RESENT (TRA	RATE		DDITIC EES	DNAL	
TOTA	AL CL	AIMS	-	* =	х	\$ 50	=	\$	0	
INDE CLAI	PEND MS	ENT	-	** =	х	\$200	=	\$	0	
		SENTATION OF DEPENDENT (+	\$360	=	\$	·	
*	* If less than 20, insert 20. ** If less than 3, insert 3.			TOTAL .					<u>\$ 0</u>	
	[]	A check in the herewith.	amount of \$_	_ in payme	nt of the f	iling fee	is trans	mitted		
Please charge \$ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith. [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.							ing			

Applicants:

Jeffrey O. Saunders et al.

Application No.:

10/749,121

EXTENSION FEE

- [] The following extension is applicable to the Response filed herewith; [] \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); [] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- [] A check in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- Please charge the extension fee in the amount of [] \$120.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- [X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

[]	Please charge \$	to Deposit Account No. :	50-0725 i	n payment of the
	for	(37 C.F.R. §).

Respectfully submitted,

Michael C. Badia, Reg. No. 51,424

Agent for Applicants

O Vertex Pharmaceuticals Incorporated

130 Waverly Street

Cambridge, Massachusetts 02139

Tel: (617) 444-6467 Fax: (617) 444-6483

MAR 1 6 2007

VPI/02-05 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner

Michael P. Barker

Group Art Unit

1626

Applicants

Jeffrey O. Saunders et al.

Serial No

10/749,121

Confirmation No.

3285

Filed

December 30, 2003

For

SULFHYDANTOINS AS PHOSPHATE ISOSTERES

March 16, 2007

Cambridge, Massachusetts

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REPLY TO OFFICE ACTION

Dear Sir:

This is in response to the February 28, 2007 Office Communication regarding a nonresponsive Amendment. Applicants have responded before the thirty day March 30, 2007 deadline. Consequently, this Reply is timely filed.

Introductory Comments begin at page 2 of this Reply.

Amendments to the claims begin at page 3 of this Reply.

Remarks begin at page 7 of this Reply.

2009/016

Application No.: 10/749,121

Applicants: Jeffrey O. Saunders et al.

INTRODUCTORY COMMENTS

The Examiner suggests that "the amendment filed on January 12, 2007 canceling all claims drawn to the elected invention and presenting only claims drawn to a nonelected invention is nonresponsive." In response to the Examiner's notice, Applicants provide the following claim amendments indicated in the Claim Amendment section below: